

X the appropriate
copy designator.

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Copy 1- AGENCY (TRAINING/PERSONNEL FOLDER)

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Copy 7- AGENCY (FINANCE/DISBURSING, BOOKS, Etc.)

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Copy 10- ACTIVITY (OPTIONAL USE)

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Copy 6- AGENCY (FINANCE/DISBURSING, TUITION)

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Copy 8- AGENCY (EMPLOYEE)

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. AGENCY CODE AND SUBELEMENT, AND
SUBMITTING OFFICE NUMBER (xx-xx-xxxx)

B. STANDARD DOCUMENT NUMBER
(Org. identifier/FY/Doc./type code/Serial Number)

C. REQUEST STATUS OR PROCESS CODE (X one)

(1) Initial	(2) Resubmission
(3) Correction	(4) Cancellation

D. AMENDMENT NO.

SECTION A - TRAINEE / APPLICANT INFORMATION

1. NAME (Last, First, Middle Initial)

2. 1st 5 LETTERS OF LAST NAME

3. SOCIAL SECURITY NUMBER

4. ED. LEVEL

5. CONTINUOUS FEDERAL SVC.

a. Years

b. Months

6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)

7. TELEPHONE NUMBERS (Include area code)

8. POSITION TITLE

11. ORGANIZATION NAME

(1) Commercial

(2) DSN

12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)

13. ORGANIZATION UIC

16. ARE YOU HANDICAPPED
OR DISABLED? (X one)

Yes

No

a. Executive

b. Manager

c. Supervisory

d. Non-Supervisory

e. Other (Specify)

10. PAY PLAN/SERIES/GRADE/STEP
(Rank/MOS/AFSC/or Navy Designator)

14. TYPE OF
APPOINTMENT

15. NO. PRIOR NON-GOVERN-
MENT TRAINING DAYS

SECTION B - TRAINING COURSE DATA

17. COURSE TITLE

18. TRAINING OBJECTIVES (Benefits to be derived by the Government)

19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY

a. Name

b. Mailing Address (Include ZIP Code)

c. Location of Training Site (If other than 19b)

20. COURSE CODES

a. Purpose

f. Security Clearance

k. Training Program

b. Type

g. Allocation Status

l. Reason for Selection

c. Source

h. Priority

23. TRAINING PERIOD (YYYYMMDD)

d. Special Interest

i. Training Level

a. Start

e. Training Vendor

j. Method of Training

b. Complete

21. COURSE HOURS (4 digits)

a. Duty

b. Non-duty

c. TOTAL

0

22. COURSE IDENTIFIERS

a. SAID

b. Catalog/Course No.

c. Offering/TLN

SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box →

25. DIRECT COSTS

a. Tuition cost

b. Books, material, other costs

c. Total direct costs

\$0.00

d. Funding source

26. INDIRECT COSTS (For information only)

a. Travel cost

b. Per diem/other costs

c. Total indirect costs

\$0.00

28. LABOR COSTS

27. ACCOUNTING CLASSIFICATION

29. SIGNATURE OF FISCAL OFFICER (Follow local procedure)

30. TOTAL OF DIRECT &
INDIRECT COSTS

0

SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION

32. SUPERVISOR: I certify training is job related and nominee meets prerequisites.

a. Typed Name (Last, First, Middle Initial)

b. Phone Number (Include area code)

c. Signature & Title

d. Date
(YYYYMMDD)

33. TRAINING OFFICER: I certify this training meets regulatory requirements.

a. Typed Name (Last, First, Middle Initial)

b. Phone Number (Include area code)

c. Signature & Title

d. Date
(YYYYMMDD)

34. AUTHORIZING OFFICIAL

a. Action (X one)

→

(1) Approved

(2) Disapproved

b. Typed Name (Last, First, Middle Initial)

c. Phone Number (Include area code)

d. Signature & Title

e. Date
(YYYYMMDD)

35. COURSE ACCEPTANCE (To be completed by school official)

a. Accepted

b. Not Accepted

c. School Official Signature

d. Date
(YYYYMMDD)

36. COURSE COMPLETION (To be completed by school official)

a. If course was not completed, X this box,
leave this section blank, and return this
form with an explanation memo. →

b. Actual Completion
Date (YYYYMMDD)

c. Grade

d. Signature & Title

e. Date
(YYYYMMDD)

37. BILLING INSTRUCTIONS (Identify discount terms

%

days.)

Furnish original invoice and 3 copies to:

38. CERTIFYING GOVERNMENT OFFICIAL

a. I certify that this account is correct and
proper for payment in the amount of:

\$

b. Signature & Title

c. Date Signed
(YYYYMMDD)

d. DSSN Number

e. Check Number

f. Voucher Number

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

DD FORM 1556, AUG 2002

PREVIOUS EDITION IS OBSOLETE.

DoD exception to SF 182
approved by GSA/IRMS 11-86.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

PRINCIPAL PURPOSE(S): To request training by employees or military personnel and to document the authorization for expenses of such training, agreements for continuation in service following training, certificates of training, and any reimbursement obligations contracted by personnel or employees as a result of receiving training.

ROUTINE USE(S): Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

SECTION E - TRAINEE AGREEMENT/CERTIFICATION

38. AGREEMENT TO CONTINUE IN SERVICE

This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

a. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.)

b. If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.)

c. If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made.

d. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

e. I acknowledge that this agreement does not in any way commit the Government to continue my employment.

(1) From (Enter date (YYYYMMDD))

(2) To (Enter date (YYYYMMDD))

f. Period of obligated service:

39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance.

a. TRAINEE SIGNATURE

b. DATE SIGNED (YYYYMMDD)